

<i>SERFF Tracking Number:</i>	<i>PLIS-126379140</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>44188</i>
<i>Company Tracking Number:</i>	<i>AH-45001-AR</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Indiv. AD&D</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Starr Indemnity & Liability Company

Product Name: Indiv. AD&D

TOI: H02I Individual Health - Accident Only

Sub-TOI: H02I.000 Health - Accident Only

Filing Type: Form/Rate

SERFF Tr Num: PLIS-126379140

State: Arkansas

SERFF Status: Closed-Approved-Closed

State Tr Num: 44188

Co Tr Num: AH-45001-AR

State Status: Approved-Closed

Author: John Plisky

Reviewer(s): Rosalind Minor

Date Submitted: 11/23/2009

Disposition Date: 12/01/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/01/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: AR-specific

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/01/2009

Created By: John Plisky

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: John Plisky

Filing Description:

Please see attached cover letter.

Company and Contact

Filing Contact Information

John Plisky, Consultant

Plisky Plisky & Co. LLC

617 Union Ave., Bldg. 1-2

Brielle, NJ 08730

j.plisky@verizon.net

732-223-0770 [Phone]

732-223-1776 [FAX]

SERFF Tracking Number: PLIS-126379140 State: Arkansas
 Filing Company: Starr Indemnity & Liability Company State Tracking Number: 44188
 Company Tracking Number: AH-45001-AR
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Indiv. AD&D
 Project Name/Number: /

Filing Company Information

(This filing was made by a third party - pliskypliskyandcollc)

Starr Indemnity & Liability Company	CoCode: 38318	State of Domicile: Texas
Administrative Office:	Group Code:	Company Type:
399 Park Avenue, 8th Floor	Group Name:	State ID Number:
New York, NY 10022	FEIN Number: 75-1670124	
(646) 227-6342 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	forms \$50 + rates \$50 = \$100
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starr Indemnity & Liability Company	\$100.00	11/23/2009	32258153

SERFF Tracking Number:	PLIS-126379140	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	44188
Company Tracking Number:	AH-45001-AR		
TOI:	H02I Individual Health - Accident Only	Sub-TOI:	H02I.000 Health - Accident Only
Product Name:	Indiv. AD&D		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/01/2009	12/01/2009

<i>SERFF Tracking Number:</i>	<i>PLIS-126379140</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>44188</i>
<i>Company Tracking Number:</i>	<i>AH-45001-AR</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Indiv. AD&D</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 12/01/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PLIS-126379140	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	44188
Company Tracking Number:	AH-45001-AR		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	Indiv. AD&D		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	List of Forms	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Rate	Rate Manual	Approved-Closed	Yes

SERFF Tracking Number: PLIS-126379140 State: Arkansas

Filing Company: Starr Indemnity & Liability Company State Tracking Number: 44188

Company Tracking Number: AH-45001-AR

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: Indiv. AD&D

Project Name/Number: /

Form Schedule

Lead Form Number: AH-45001-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 12/01/2009	AH-45001- AR	Policy/Cont ract/Fratern al Certificate	Policy	Initial			AH-45001-AR Policy.pdf
Approved- Closed 12/01/2009	AH-45003- AR	Application/ Enrollment Form	Application	Initial			AH-45003-AR Application.pdf
Approved- Closed 12/01/2009	AH-45015- AR	Outline of Coverage	Outline of Coverage	Initial			AH-45015-AR Outline of Coverage.pdf



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [399 Park Avenue, 8th Floor, New York, New York 10022]

INDIVIDUAL ACCIDENT-ONLY INSURANCE POLICY

This Policy is a legal contract between You (also referred to as “the Insured”) and Starr Indemnity & Liability Company (also referred to as “Us, We, Our”). We agree to provide insurance to You in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in this Policy.

This Policy and the coverage provided by it become effective at 12:01 A.M. Standard Time at Your place of residence on the Policy Effective Date shown in the Schedule of Insurance. It continues in effect in accordance with the provisions set forth in this Policy. This Policy is governed by the laws of the state where it is delivered.

GUARANTEED RENEWABLE: This Policy is guaranteed renewable until Your [or Your covered Spouse’s or Domestic Partner’s] termination age. We cannot change any of the terms of this Policy on its own, except that, in the future, We may increase the premium You pay.

COVERAGE TERMINATES AT AGE [65, 70, 75, 80, 85] OR AS OTHERWISE PROVIDED BY THIS POLICY.

Signed for Starr Indemnity & Liability Company By:

[Richard N. Shaak], President

[Honora M. Keane], General Counsel

NON-PARTICIPATING POLICY

**NOTICE TO BUYER: THIS IS AN ACCIDENT-ONLY POLICY. IT DOES NOT COVER LOSS DUE TO SICKNESS. THIS POLICY PROVIDES LIMITED BENEFITS.
READ YOUR POLICY CAREFULLY**

This IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

30 DAY RIGHT TO EXAMINE POLICY: You have a 30 day right from your original Policy Effective Date to examine Your Policy. If You are not satisfied, You may return it to Us within 30 days of Your original Policy Effective Date. In that event, We will consider it void from its Effective Date and any premium paid will be refunded.

Table of Contents

Section 1: Schedule of Insurance
Section 2: Definitions
Section 3: Effective and Termination Dates
Section 4: Premiums
Section 5: Benefits
Section 6: Exclusions
Section 7: Claim Provisions
Section 8: General Provisions
Section 9: Consumer Information Notice
Section 10: Guaranty Association Notice

SECTION 1: SCHEDULE OF INSURANCE

Insured: [John Doe]
Issue Age: [35]
Address: [124 Anystreet
Anytown, USA]
Type of Coverage: [Insured] [Insured & Spouse or Domestic Partner] [Insured & Child(ren)]
[Insured, Spouse or Domestic Partner & Children]
Policy #: [123345]
Policy Effective Date: [06/01/10]
Policy Age Limit: You: [65, 70, 75, 80, 85] years of age
[Your Spouse or Domestic Partner: [65, 70, 75, 80, 85] years of age]

[Accidental Death Benefit]

[Accidental Death [and Dismemberment] Benefit [with Double Indemnity][with an Increased Benefit] While On a Common Carrier

Common Carrier Limit: [\$10,000-\$1,000,000]

[Accidental Death Motor Vehicle and Pedestrian Benefit]

[Accidental Death Covered Accident Benefit]

[Accidental Death and Dismemberment Benefit]

[Accidental Death [and Dismemberment] While On a Scheduled Aircraft, Military Transport Aircraft and Common Carrier Benefit]

[Accidental Death [and Dismemberment] While On a Scheduled Aircraft or Military Transport Aircraft Benefit]

Principal Sum: [\$10,000-\$1,000,000]

[Accidental Death [and Dismemberment] Reduction on and after Age 70: We will reduce Your Principal Sum on the Premium Due Date on or next following the date You attain ages 70, 75, 80, and 85. The reduced amount will be determined by multiplying the Principal Sum shown in the Application by the percentage shown below for Your attained age:

Your Age	Percentage of Principal Sum
Age 70-74	65%
Age 75-79	45%
Age 80-84	30%
Age 85 or over	15%]

[Principal Sum for each of Your Dependents:

The Principal Sum that applies to each person covered under the Policy as Your Dependent, on the date of Accident, is determined by multiplying Your Principal Sum by the percentage determined below.

	Spouse or Domestic Partner	Each Dependent Child
Spouse or Domestic Partner only	[50-75]%	0%
Spouse or Domestic Partner & Dependent Child(ren)	[50-75]	[10-30]%
Dependent Child(ren) only	0%	[10-30]%]

[Additional Benefits:]**[Common Carrier Benefit**

[Common Carrier] Principal Sum:

[\$10,000-\$1,000,000]

Common Carrier Limit:

[\$10,000-\$1,000,000]]

[Exposure and Disappearance

See Benefit]

[Seat Belt [and Air Bag] Benefit

Seat Belt Benefit Percentage:

[5%-25%] of Principal Sum

Seat Belt Benefit

[\$5,000-\$100,000]

[Air Bag Benefit Percentage:

[5%-25%] of Principal Sum

Air Bag Benefit

[\$5,000-\$100,000]]]

[Anti-Inflation Benefit

Benefit Percentage:

[2%-20%] of original Principal Sum

Maximum Benefit Amount:

[20%-100%] of original Principal Sum]

[Repatriation Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]]

[Felonious Assault Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]]

[Child Education Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]

Minimum Benefit Amount:

[\$2,500-\$50,000]]

[Day Care Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]

Minimum Benefit Amount:

[\$2,500-\$50,000]]

[Rehabilitation Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]]

[Spouse or Domestic Partner Education Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]

Minimum Benefit Amount:

[\$2,500-\$50,000]]

[Adaptive Home and Vehicle Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]

[Coma Benefit]

Waiting Period: [1-60] days
Maximum Benefit Amount: [\$5,000-\$100,000]

[Critical Burn Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]

[Therapeutic Counseling Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]

[Accident Hospital Income Benefit [Covered Accident]]

Waiting Period: [1-30] days
[Retroactive]
Daily Benefit: [\$100-\$750] per day
Payment Period: [3-12] months]

[Intensive Care Unit Benefit]

Benefit Amount: [\$100-\$1,000] per day
Maximum Benefit Period: [1-60] days]

[Outpatient Care Benefit]

Benefit Amount: [\$100-\$5,000]

[Recuperation Benefit]

Benefit Amount: [\$100-\$1,000] per day
Maximum Benefit Period: [1-60] days]

[Continuation of Medical Coverage (COBRA) Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$50,000]
Minimum Benefit Amount: [\$2,500-\$10,000]

[Extended Dependents Coverage Benefit]

See Benefit]

[Extended Care Facility Benefit]

Benefit Percentage: [5%-75%] of Principal Sum]

[Common Disaster Benefit]

Common Disaster Limit: [\$10,000-\$1,000,000]

[Survivor Income Benefit]

Monthly Benefit Amount: [5%-25%] of Principal Sum
Payment Period: [6-120] months]

[HIV Occupational Accident Benefit]

Benefit Amount: [\$5,000-\$1,000,000]

[Dependent Child Dismemberment Benefit]

See Benefit]

[Funeral Expense Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$20,000]

[Permanent Total Disability Benefit]

Disability Commencement Period: [90-365] days after Accident
Qualification Period: [1-13] weeks
Weekly Benefit Amount: [\$100-\$2,000] per week
Payment Period: [13-156] weeks]

[Traumatic Brain Injury Benefit]

See Benefit]

[Bereavement Counseling Benefit]

Maximum Benefit Amount: [\$5,000-\$20,000]

[Accident Total Disability Benefit]

Monthly Benefit Amount: [\$1,000-\$10,000] per month
Waiting Period: [1-6] months
Maximum Payment Period: [3-120] months]

[Paralysis Benefit]

See Benefit]

Premiums:

Payable [Monthly][Quarterly][Semi-Annually][Annually]
[Insured \$[XXX]]
[Insured & Spouse or Domestic Partner \$[XXX]]
[Insured & Child(ren) \$[XXX]]
[Insured, Spouse or Domestic Partner & Child(ren) \$[XXX]]

SECTION 2: DEFINITIONS

Accident	means an unexpected event that causes Injury.
[Civil or Public Aircraft]	means a civil or public aircraft which: <ol style="list-style-type: none">1) has a current and valid airworthiness certificate;2) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and3) is not operated by the militia, or armed forces of any state, national government or international authority.]
[Common Carrier]	means a conveyance operated by a concern organized and licensed for the transportation of passengers for hire and operated by that concern. [It must have set routes and schedules and does not include taxi cabs or other conveyances under your direction.]]
[Covered Accident]	<p>Means one of the following types of accidents:</p> <p>[Type A: On a Common Carrier: must occur while You [or Your Dependents] are a fare paying passenger on a common carrier;]</p> <p>[Type B: Interstate Highway Motor Vehicle Accident: must occur while You [or Your Dependents] are the licensed operator of or passenger On a Motor Vehicle only while on an Interstate Highway;]</p> <p>[Type C: Motor Vehicle/Pedestrian Accident: must occur while You [or Your Dependents] are a pedestrian or the licensed operator of or passenger On a Motor Vehicle;or]</p> <p>[Type D: All Other Accidents not listed as Type A, Type B, or Type C, above.]</p> <p>A Covered Accident will not cover Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds.]</p>
[Dependent Child(ren)]	<p>means:</p> <ol style="list-style-type: none">1) Your unmarried: children, newborn children, stepchildren, legally adopted children, children in the process of adoption, foster children; or2) any other children related to You by blood or marriage or domestic partnership who live with You in a regular parent-child relationship; <p>provided such children are primarily dependent upon You for financial support and maintenance and are less than the Limiting Age of 26 years.</p> <p>The Limiting Age shall not apply to Your unmarried child who is incapable of self-support due to a mental or physical incapacity. We will require notice of the child's incapacity and dependency. In no event, however, will this requirement preclude eligible Dependents regardless of age. If dependency or incapacity is removed or terminated You must notify Us.]</p>
[Dependent(s)]	means Your Spouse, or Domestic Partner, and Dependent Child(ren). A dependent must be a citizen or legal resident of the United States, its territories or protectorates. Any person who is on active duty in military service cannot be a Dependent.]
[Domestic Partner:]	<p>means Your same or opposite sex life partner or party to a civil union, provided You:</p> <ol style="list-style-type: none">1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners or parties to a civil union for purposes of this Policy or;2) have registered as domestic partners or parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law. <p>You will continue to be considered domestic partners or parties to a civil union provided You continue to meet the requirements described in the domestic partner affidavit or required by law.]</p>

[Hospital	<p>means an institution which:</p> <ol style="list-style-type: none"> 1) operates pursuant to law; 2) primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis; 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of Physicians; and 4) provides 24-hour nursing service by or under the supervision of registered graduate nurses (R.N.). <p>Hospital does not mean any institution or part thereof which is used primarily as:</p> <ol style="list-style-type: none"> 1) a nursing home, convalescent home, or skilled nursing facility; 2) a place of rest, custodial care, or for the aged; 3) a clinic; or 4) a place for the treatment of mental illness, alcoholism or substance abuse. <p>However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if it is:</p> <ol style="list-style-type: none"> 1) part of the institution that meets the above requirements; and 2) listed in the American Hospital Association Guide as a general Hospital.]
Injury	<p>means bodily injury resulting:</p> <ol style="list-style-type: none"> 1) directly from an Accident; and 2) independent of all other causes; <p>which occurs while You [or Your Dependents] are covered under the Policy.</p> <p>Loss resulting from:</p> <ol style="list-style-type: none"> 1) sickness or disease, except an infection which occurs through an accidental wound; or 2) medical or surgical treatment of a sickness or disease; <p>is not considered as resulting from Injury.</p>
[Interstate Highway	<p>means the paved portion (including adjacent shoulders, emergency bays, entrance and exit ramps) of a highway, expressway or toll way designated as an interstate highway and identified by the tri-colored "U.S. Interstate" shield.]</p>
[Military Transport Aircraft	<p>means a transport aircraft operated by:</p> <ol style="list-style-type: none"> 1) the United States Air Mobility Command (AMC); or 2) a national military air transport service of a governmental authority recognized by the United States.]
[Motor Vehicle	<p>means a self-propelled, four (4) or more wheeled:</p> <ol style="list-style-type: none"> 1) private passenger car, station wagon, van or sport utility vehicle; 2) motor home or camper; or 3) pick-up truck <p>not being used as a Common Carrier.]</p>
[On	<p>means, when used with reference to any conveyance (land, water or air), in or on, boarding or alighting from the conveyance.]</p>
[Pedestrian	<p>means You [or Your Dependents] while standing or walking on an open public street, public sidewalk, parking lot or highway.]</p>
[Physician	<p>means a person who is:</p> <ol style="list-style-type: none"> 1) a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art; 2) licensed to practice in the jurisdiction where care is being given;

- 3) practicing within the scope of that license; and
- 4) not Related to You by blood or marriage.]

[Related means Your Spouse or Domestic Partner, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.]

[Scheduled Aircraft means a Civil or Public aircraft operated by a scheduled airline which:
1) is licensed by the FAA for the transportation of passengers for hire; and
2) publishes its flight schedule and fares for regular passenger service.]

[Spouse means Your spouse who:
1) is not legally separated or divorced from You; and
2) is not in active duty military service.]

SECTION 3: EFFECTIVE AND TERMINATION DATES

Effective Date: This Policy begins on the Policy Effective Date shown in the Schedule of Insurance at 12:01 A.M. Standard Time at Your place of residence. The Policy Effective Date is the date from which policy years and premium due dates will be figured.

Effective Date of Change in Coverage: A change in coverage due to a change in the election of benefits will become effective on the later of the following dates: (1) the date the written request for change in coverage is received by Us; or (2) if the change requires a change in premium, the date the first changed premium is paid when due.

[Newlywed and New Child Coverage: If you marry or enter into a Domestic Partnership while covered under the Policy, Your Spouse or Domestic Partner shall automatically become covered under the Policy for 31 days from the date of marriage or Domestic Partnership. Benefits and amounts will be those We are providing for Spouse coverage under the Policy at that time.

Coverage of Your Spouse or Domestic Partner will cease after 31 days of the date of marriage or Domestic Partnership unless You:

- 1) request in writing that coverage for Your Spouse or Domestic Partner be continued; and
- 2) pay any additional required premium.

A Child born to You or Your insured Dependent Spouse is automatically insured as a Dependent Child. The effective date of insurance for the Child will be the moment of birth. Coverage will be to the same extent as is provided for other covered Dependent Children.

In the event additional premium is required for such Child then the insurance will terminate 90 days from the date of birth unless written request to continue insurance is made to Us and the premium is paid within 90 days from the date of birth or before the next premium due date, whichever is later.

In the case of minor children under Your charge, care and control for whom You have filed a petition to adopt, coverage will be effective:

1. from the date of birth if the petition for adoption is filed and a request for coverage is made within 60 days of the date of birth; or
2. on the date of the filing of the petition for adoption if a request for coverage is made within 60 days of the date of filing.

Coverage will be to the same extent as for other covered Dependent Children. Any additional premium required for such Child must be paid at the time application is made.]

Termination Date: You may terminate this Policy on any premium due date by giving 31 days advance written notice to Us.

This Policy may also at any time be terminated by mutual consent of You and Us.

This Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (2) the date requested by You in writing makes a written request that coverage be terminated; or (3) Your death. [Upon Your death, if there is an insured Spouse or Domestic Partner, such insured Spouse or Domestic Partner becomes the Insured and coverage continues.]

If Insured only coverage is indicated in the Schedule of Insurance, this Policy will terminate automatically on the premium due date next following the date the Insured

reaches age [65, 70, 75, 80, 85].

[If Spouse or Domestic Partner coverage is indicated in the Schedule of Insurance, the coverage for the older of the Insured or the insured Spouse or Domestic Partner terminates automatically on the premium due date next following the date the Insured or the insured Spouse or Domestic Partner reaches age [65, 70, 75, 80, 85]. However this Policy does not automatically terminate until the premium due date next following the date the younger of the Insured or the insured Spouse or Domestic Partner reaches age [65, 70, 75, 80, 85].]

[Insured Dependent Child(ren)'s coverage under this Policy ends on the earliest of: (1) the date the Insured's coverage under the Policy ends; (2) the premium due date if premiums for the insured Dependent Child(ren) are not paid when due, subject to the Grace Period provision; (3) the date the Insured makes a written request that coverage for the insured Dependent Child(ren) be terminated; or (4) the date the insured Dependent Child(ren) reaches the limiting age, except as otherwise stated in the Definition of Dependent Child(ren).]

Termination takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination will not affect a claim for a covered loss that occurred while coverage was in force under this Policy.

SECTION 4: PREMIUMS

Premium Payment:	The initial premium for this Policy must be paid to Us in advance. Subsequent premium payments are due when and as stated in the Schedule of Insurance. If premiums are not paid when they are due or within the Grace Period, the coverage provided by this Policy will terminate as set forth in the Effective and Termination Dates section.
Premium Change:	We reserve the right to change the premiums. Any change in premium will be uniform for all insured persons in the same rate class, on all policies bearing this form number in the state where this Policy is issued. We may also change premiums at any time a change affecting rates is made in this Policy. Written notice of any premium change will be mailed to You at Your last known address at least 30 days in advance.
Grace Period:	A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will terminate on the last day of the Grace Period if You fail to pay all premiums due by the last day of the Grace Period. No Grace Period will be provided if We receive notice from You to terminate this Policy prior to a premium due date.
Reinstatement:	<p>If this Policy terminates because premiums have not been paid, You can request to reinstate this Policy by sending a written request to Us to do so. Any reinstatement will be effective as follows:</p> <ol style="list-style-type: none">1. If an application for reinstatement is not required, this Policy can be reinstated on the date all required premiums are paid to Us or Our authorized agent;2. If an application for reinstatement is required, We or Our authorized agent shall issue a conditional receipt for the premium submitted. Reinstatement will be granted on the earlier of:<ol style="list-style-type: none">a. the date the application is approved by Us; orb. the 45th day after the date of the conditional receipt, if You do not receive notice of the application's disapproval before then. <p>If a reinstatement application is required, coverage will be subject to the Incontestability provision for two years after the date of reinstatement.</p> <p>We have the right to make changes in this Policy before We reinstate it. Any changes will be made in or attached to the reinstated policy We send to You. All other terms of this Policy remain unchanged.</p> <p>The reinstated policy shall cover only loss resulting from such accidental Injury as may be sustained after the date of reinstatement.</p> <p>Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.</p>

SECTION 5: BENEFITS

**[Accidental
Death
Benefit:**

If You [or Your Dependents] sustain an Injury which results in Loss of life within [90-365] days of the date of Accident, We will pay the deceased person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the Claim Provisions of the Policy.

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]

**[Accidental
Death [and Dis
memberment]
Benefit [with
Double
Indemnity]
[with an
Increased
Benefit] While
On a Common
Carrier:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of Accident, We will pay the corresponding Benefit Amount after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the Claim Provisions of the Policy.

If the Injury occurs while On a Common Carrier, [We will [double] [increase] the Principal Sum payable [or a portion of such Principal Sum as shown opposite the Loss.] [However, in no event will the Principal Sum be increased [by] [to] more than the Common Carrier Limit.] [The Principal Sum will be increased to the Common Carrier Limit shown in the Schedule of Insurance.]

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....]	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....]	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....]	One-Half of Principal Sum]
[Either Hand or Foot.....]	One-Half of Principal Sum]
[Sight of One Eye.....]	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....]	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....]	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Accidental
Death
Motor Vehicle
Benefit:**

If You [or Your Dependents] sustain an Injury while:

- 1) the licensed driver of; or
- 2) a passenger in;

a Motor Vehicle, and such Injury results in Loss of life within [90-365] days of the date of Accident, We will pay the deceased person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the Claim Provisions of the Policy.

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]

**[Accidental
Death
Motor Vehicle
and
Pedestrian
Benefit:**

If You [or Your Dependents] sustain an Injury:

- 1) while the licensed driver of, or a passenger in, a Motor Vehicle; or
- 2) as a result of being struck by a Motor Vehicle or Common Carrier while:
 - a) a Pedestrian; or
 - b) riding on a non-motorized bicycle; and

such injury results in Loss of life within [90-365] days of the date of Accident, We will pay the deceased person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the Claim Provisions of the Policy.

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]

**[Accidental
Death
Covered
Accident
Benefit:**

If You [or Your Dependents] sustain an Injury in a Covered Accident and such Injury results in Loss of life within [90-365] days of the date of the Covered Accident, We will pay the deceased person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the Claim Provisions of the Policy.

If the injured person has more than one Covered Accident under this Benefit, only one benefit, the largest, will be payable.

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]

**[Accidental
Death and
Dismemberment
Benefit:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of Accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, after We receive Proof of Loss in accordance with the Proof of Loss provision.

This Benefit will be paid according to the Claim Provisions of the Policy.

We will not pay more than the Principal Sum to any one person, for all Losses due to the same Accident. Your amount of Principal sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....]	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....]	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....]	One-Half of Principal Sum]
[Either Hand or Foot.....]	One-Half of Principal Sum]
[Sight of One Eye.....]	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....]	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....]	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Accidental
Death [and
Dismemberme
nt] while On a
Scheduled
Aircraft,
Military
Transport
Aircraft
and Common
Carrier
Benefit:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of Accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, if the Injury occurred while the injured person was:

- 1) a passenger On a Scheduled Aircraft, Military Transport Aircraft or Common Carrier;
or
- 2) struck by an aircraft.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

We will not pay more than the Principal Sum, to any one person, for all Losses due to the same Accident. Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....]	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....]	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....]	One-Half of Principal Sum]
[Either Hand or Foot.....]	One-Half of Principal Sum]
[Sight of One Eye.....]	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....]	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....]	One-Quarter of Principal Sum]

[Thumb and Index Finger of Either HandOne-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Accidental
Death [and
Dismemberment]
while On a
Scheduled
Aircraft or
Military
Transport
Aircraft
Benefit:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of Accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, if the Injury occurred while the injured person was:

- 1) a passenger On a Scheduled Aircraft or Military Transport Aircraft; or
- 2) struck by an aircraft.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

We will not pay more than the Principal Sum, to any one person, for all Losses due to the same Accident. Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

For Loss of:

Benefit Amount:

[Life.....	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum]
[One Hand and One Foot.....	Principal Sum]
[Speech and Hearing in Both Ears.....	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One-Half of Principal Sum]
[Either Hand or Foot.....	One-Half of Principal Sum]
[Sight of One Eye.....	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Common
Carrier
Benefit:**

If You [or Your Dependents] sustain an Injury while on a Common Carrier which results in any of the following Losses within [90-365] days of the date of Accident, We will pay the deceased person's amount of [Common Carrier] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the Claim Provisions of the Policy.

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....]	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....]	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....]	One-Half of Principal Sum]
[Either Hand or Foot.....]	One-Half of Principal Sum]
[Sight of One Eye.....]	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....]	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....]	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand.....]	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]

[However, in no event will the [Common Carrier] Principal Sum be more than the Common Carrier Limit.]

Your amount of [Common Carrier] Principal Sum and Common Carrier Limit are shown in the Schedule of Insurance. [The amount of your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]

**[Exposure and
Disappearance
Benefit:**

Exposure to the elements will be presumed to be Injury if:

- 1) it results from the forced landing, stranding, sinking or wrecking if a conveyance in which You [or Your Dependents] were an occupant at the time of the Accident; and
- 2) the Policy would have covered an Injury resulting from the Accident.

We will presume that You [or Your Dependents] suffered Loss of life if:

- 1) the person's body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- 2) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- 3) the Policy would have covered an Injury resulting from the Accident.]

**[Seat Belt [and
Air Bag]
Benefit:**

If You [or Your Dependents] sustain an Injury that results in a Loss payable under the Accidental Death [and Dismemberment] Benefit, We will pay an additional Seat Belt [and Air Bag] Benefit if the Injury occurred while the Injured person was:

- 1) a passenger riding in; or
- 2) the licensed operator of;

a properly registered Motor Vehicle and was wearing a Seat Belt at the time of the Accident as verified on the police accident report.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

[If a Seat Belt Benefit is payable, We will also pay an Air Bag Benefit if [the injured person]

was:

- 1) positioned in a seat equipped with a factory-installed Air Bag; and
- 2) properly strapped in the Seat Belt when the Air Bag inflated.]

The Seat Belt Benefit is the lesser of:

- 1) an amount resulting from multiplying the injured person's amount of Principal Sum by the Seat Belt Benefit Percentage; or
- 2) the Maximum Amount for this Benefit.

[The Air Bag Benefit is the lesser of:

- 1) an amount resulting from multiplying the injured person's amount of Principal Sum by the Air Bag Benefit Percentage; or
- 2) the Maximum Amount for this Benefit].

[If it cannot be determined that the injured person was wearing a Seat Belt at the time of Accident, a Minimum Benefit will be payable under the Seat Belt Benefit.]

Accident, for the purpose of this Benefit only, means the unintentional collision of a Motor Vehicle during which the injured person was wearing a Seat Belt.

[Air Bag] means an inflatable supplemental passive restraint system installed by the manufacturer of the Motor Vehicle or its proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.]

Seat Belt means:

- 1) an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Motor Vehicle, or proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications; or
- 2) a child restraint device that meets the standards of the National Safety Council and is properly secured and used in accordance with applicable state law and installed according to the recommendations of its manufacturer for children of like age and weight.

The Seat Belt [and Air Bag] Benefit will not be payable if the injured person is operating the Motor Vehicle at the time of Injury while:

- 1) Intoxicated; or
- 2) taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician.

Intoxicated means:

- 1) the blood and alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances;

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the Accident occurred.

The specific amounts for this Benefit are shown in the schedule of Insurance.]

[Anti-Inflation Benefit:

If You [or Your Dependents] sustain an Injury that results in a Loss payable under the Accidental Death [and Dismemberment] Benefit, the Anti-Inflation Benefit will provide an additional inflation adjustment to the injured person's amount of Principal Sum.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and

- 2) according to the Claim Provisions of the Policy.

The Anti-Inflation Benefit is the injured person's amount of Principal Sum, at the time of claim, multiplied by:

- 1) the Anti-Inflation Benefit Percentage;
 - 2) for every [1-3] years of continuous coverage under the Policy;
- to a maximum of [10-15], years subject to a Maximum Benefit Amount of the injured person's amount of original Principal Sum.

If You [or Your Dependents] increase the Principal Sum, We will apply the Anti-Inflation Benefit separately to each additional increase under the Policy. Likewise, if You [or Your Dependents] decrease the Principal Sum, We will correspondingly reduce any Anti-Inflation Benefit which was increased.]

**[Repatriation
Benefit:**

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the Accidental Death [and Dismemberment] Benefit, We will pay an additional Repatriation Benefit, if the death occurs outside the territorial limits of the state or country of the deceased person's place of permanent residence. We will only pay a benefit if the deceased person's body is transported across state lines or country borders.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Repatriation Benefit will pay the lesser of:

- 1) the actual expenses incurred for:
 - a) preparation of the body for burial or cremation; and
 - b) transportation of the body to the place of burial or cremation;
- 2) the amount resulting from multiplying the deceased person's amount of Principal Sum by the Repatriation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

The Specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Felonious
Assault
Benefit:**

If You [or your Dependents] sustain an Injury that results in a Loss payable under the Accidental Death [and Dismemberment] Benefit, We will pay an additional Felonious Assault Benefit, if Injury is the result of a Felonious Assault.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Felonious Assault Benefit will pay the lesser of:

- 1) the amount resulting from multiplying the injured person's amount of Principal Sum by the Felonious Assault Percentage; or
- 2) the Maximum Amount for this Benefit.

Felonious Assault means a violent or criminal act directed at You [or Your Dependents] during the course of:

- 1) a robbery, kidnapping or criminal assault; or
- 2) an attempt at any of the above.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Child
Education
Benefit:**

If You [or Your Spouse or Domestic Partner] sustain an Injury that results in Loss of life payable under the Accidental Death [and Dismemberment] Benefit, We will pay an additional Child Education Benefit to Your Dependent Child(ren).

This Benefit will be paid:

- 1) after We receive proof that your Dependent Child(ren) qualify as a Student, as defined in this Benefit; and
- 2) according to the Claim Provisions of the Policy.

If You die, the Child Education Benefit provides an annual amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by the Child Education Percentage; or
- 2) the Maximum Amount for this Benefit.

[If Your Spouse or Domestic Partner dies, the Child Education Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's or Domestic Partner's amount of Principal Sum by the Child Education Percentage; or
- 2) the Maximum Amount for this Benefit.]

The Child Education Benefit is payable to each of Your Dependent Child(ren):

- 1) on the date; and
- 2) for whom;

We have received proof satisfactory to Us that he or she is a Student.

If he or she is a minor, We will pay the benefit to the Student's legal guardian.

We will pay the Child Education Benefit to a qualifying Student until the first to occur of:

- 1) Our payment of the [second-fourth] Child Education Benefit to or on behalf of that person; or
- 2) the end of the 12th consecutive month during which We have not received proof satisfactory to Us that he or she is a Student.

We will not pay more than one Child Education Benefit to any on Student during any one School year.

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of the Policy if:

- 1) a Principal Sum is payable because of Your death [or Your Spouse's or Domestic Partner's death]; and
- 2) no person qualifies as a Student.

Student means Your Dependent Child on the date of Your [or Your Spouse's or Domestic Partner's] death and:

- 1) is a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning on the date of Your [or Your Spouse's or Domestic Partner] death; or
- 2) became a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning within 365 days after Your [or Your Spouse's or Domestic Partner's] death and was a student in the 12th grade on the date of Your [or Your Spouse's or Domestic Partner's] death.

If the institution establishes full-time status in any other manner, We reserve the right to determine whether the Child qualifies as a Student.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Day Care
Benefit:**

If You [or Your Spouse or Domestic Partner] sustain an Injury that results in Loss of life payable under the Accidental Death [and Dismemberment] Benefit, We will pay an

additional Day Care Benefit for each of your Dependent Children [who are covered] if such Dependent Child is under age [6-10] at the time of Your [or Your Spouse's or Domestic Partner's] death.

This benefit will be paid:

- 1) after We receive proof of enrollment in a Day Care Program as described in this Benefit; and
- 2) according to the Claim Provisions of the Policy.

We will make one Day Care Benefit payment each year, for a maximum of [2-4] Day Care Benefit payments, for each Dependent Child. The Benefit will be paid to the person who has primary responsibility for the Dependent Child's Day Care expenses.

Proof of enrollment satisfactory to Us for each Dependent Child in a Day Care Program includes, but will not be limited to, the following:

- 1) a copy of the Dependent Child's approved enrollment application in a Day Care Program;
- 2) cancelled checks(s) evidencing payment to a Day Care facility or Day Care provider;
- 3) a letter from the Day Care facility or Day Care provider stating that the Dependent Child:
 - a) is attending a Day Care Program; or
 - b) has been enrolled in a Day Care Program and will be attending within 365 days of the date of the date of the death.

Proof of enrollment must be sent to Us prior to the last day of the 12th month following the date of death.

If You die, the Day Care Benefit provides an annual amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.

[If Your Spouse or Domestic Partner dies, the Day Care Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's or Domestic Partner's amount of Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.]

We will pay the Minimum Amount for this Benefit] in accordance with the Claims to be Paid provision for payment of benefits for Loss of life is:

- 1) a Principal Sum is payable because of the deceased person's death; and
- 2) no person qualifies as a Child eligible for the Day Care Benefit.]

Day Care or Day Care Program means a program of child care which:

- 1) if operated in a private home, school, or other facility;
- 2) provides, and makes and charge for, the care of children; and
- 3) is licensed as a day care center or is operated by a licensed day care provider, if such licensing is required by the state of jurisdiction in which it is located; or
- 4) if licensing is not required, provides childcare on a daily basis for 12 months a year.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Rehabilitation Benefit:

If You [or Your Dependents] sustain an Injury which results in a Loss other than Loss of life, payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Rehabilitation Benefit for Rehabilitative Program Expenses Incurred within one (1) year of the date of Accident.

This Benefit will be paid:

- 1) after We receive proof of Expenses Incurred for a Rehabilitative Program, in accordance with proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Rehabilitation Benefit provides an amount equal to the least of:

- 1) the actual Expense Incurred for a Rehabilitative Program;
- 2) the amount resulting from multiplying injured person's amount of Principal Sum by the Rehabilitation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

Rehabilitative Program means any training which:

- 1) is required due to the injured person's Injury; [and
- 2) prepares the injured person for an occupation for which he or she was not previously trained.]

Expenses Incurred means the actual cost of:

- 1) training; and
- 2) materials needed for the training.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Spouse or
Domestic
Partner
Education
Benefit:**

If You sustain an Injury that results in a Loss of life payable under the Accidental Death [and Dismemberment] Benefit, We will pay an additional Spouse or Domestic Partner Education Benefit to Your surviving Spouse or Domestic Partner.

[Your Spouse or Domestic Partner must be covered under the Policy in order to receive this Benefit.]

This Benefit will be paid:

- 1) after We receive proof satisfactory to Us that the Spouse or Domestic Partner has enrolled in an Occupational Training program; and
- 2) according to the Claim Provisions of the Policy.

The Spouse or Domestic Partner Education Benefit is the least of;

- 1) the Expense Incurred for Occupational Training.
- 2) the amount resulting from multiplying Your Principal Sum by the Spouse or Domestic Partner Education Benefit Percentage; or
- 3) the Maximum amount for this Benefit].

[If a Principal Sum is payable because of Your death and there is no surviving Spouse or Domestic Partner, We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision.]

Your surviving Spouse or Domestic Partner must enroll in Occupational Training:

- 1) for the purpose of obtaining an independent source of income; and
- 2) within one (1) year of Your death.

Occupational Training means any:

- 1) education;
- 2) professional; or
- 3) trade training;

program which prepares the Spouse or Domestic Partner for an occupation for which he or she was not previously qualified.

Expenses Incurred means:

- 1) the actual tuition charged, exclusive of room and board; and
 - 2) the actual cost of the materials needed;
- for the Occupational Training.
The expense must be incurred within two (2) years of the date of Your death.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Adaptive
Home and
Vehicle
Benefit:**

If You [or Your Dependents] sustain an Injury that results in a Loss, other than Loss of life, payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Adaptive Home and Vehicle Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Adaptive Home and Vehicle Benefit pays a benefit for the one-time cost of alterations to the injured person's:

- 1) principal residence; and/or
- 2) private automobile;

to make the residence accessible and/or the private automobile drivable or rideable for him or her. The costs must be incurred within [one-two] years from the date of Accident.

We will pay the Adaptive Home and Vehicle Benefit if:

- 1) such home alterations are:
 - a) made by a person or persons with experience in such alterations; and
 - b) recommended by a recognized organization associated with the Injury; and
- 2) such vehicle modifications are:
 - a) carried out by a person or persons with experience in such matters; and
 - b) approved by the Motor Vehicle Department.

The Adaptive Home and Vehicle Benefit will provide an amount equal to the least of:

- 1) the actual cost of the alterations;
- 2) the amount resulting from multiplying [the injured person's amount of Principal Sum by the Adaptive Home and Vehicle Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Coma Benefit:

If, as a result of an Injury, You [or Your Dependents]:

- 1) are in a Coma within [31-90] days from the date of Accident; and
- 2) remain continuously in a Coma for at least the number of days shown as the Waiting Period;

We will pay [1%-5%] of the Coma Maximum Benefit Amount for each month after the Waiting Period that the injured person remains in a Coma.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 3) according to the Claim Provisions of the Policy.

We will pay the benefit until the earliest to occur of:

- 1) the end of the month in which the injured person dies;
- 2) the end of the month in which the injured person recovers from the Coma; or
- 3) when the total payment equals the Coma Maximum Benefit Amount.

The Coma Maximum Benefit equals the injured person's amount of Principal Sum less all

other payments under the Policy for the Injury.]

Coma means complete and continuous:

- 1) unconsciousness; and
- 2) inability to respond to external or internal stimuli, as verified by a Physician.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Critical Burn Benefit:

If You [or Your Dependents] are Critically Burned and require reconstructive surgery as determined by a Physician, We will pay a Critical Burn Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Critical Burn Benefit is an amount equal to the least of:

- 1) the actual cost for the expense of the reconstructive surgery;
- 2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Critical Burn Percentage; or
- 3) the Maximum Amount for this Benefit.

Critically Burned means the injured person suffered burns which:

- 1) are certified by a Physician as more severe than second degree burns; and
- 2) result in scarring over at least 25% of the body

The specific amounts for this Benefit are shown in the schedule of Insurance.]

[Therapeutic Counseling Benefit

If You [or Your Dependents] sustain an Injury that results in a Loss, other than Loss of life, that is payable under the Accidental Death [and Dismemberment] Benefit, We will pay an additional Therapeutic Counseling Benefit if the injured person requires Therapeutic Counseling due to the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provision of the Policy.

Therapeutic Counseling must:

- 1) begin within 90 days of the date of the Loss; and
- 2) be incurred no later than one year of the date of the Loss.

The Therapeutic Counseling Benefit is an amount equal to the the least of:

- 1) the Reasonable Expenses incurred for Therapeutic Counseling;
- 2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Therapeutic Counseling Percentage; or
- 3) the Maximum Amount for this Benefit.

Therapeutic Counseling means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where such Therapeutic Counseling was received. For purposes of this benefit, We reserve the right to determine Reasonable Expenses. A Reasonable Expense is considered to incur on the date the Therapeutic Counseling is rendered.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Accident
Hospital
Income Benefit
[Covered
Accident]:**

If You [or Your Dependents] are Confined in a Hospital during one or more Periods of Confinement and the:

- 1) Confinement is due to Injury [sustained in a Covered Accident];
- 2) first Day of Confinement occurs within [30-90] days after the Accident; and
- 3) the Confinement exceeds the Waiting Period;

We will pay the Daily Accident Hospital Income Benefit, for each day the injured person is Confined.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

We will not pay for any Day of Confinement which;

- 1) is during the Waiting Period at the beginning of Confinement;
- 2) exceeds the Payment Period; or
- 3) occurs more than [one-two] years after the date of Accident.

[We will pay for the days during the Waiting Period if:

- 1) the Waiting Period states that "payment is retroactive"; and
- 2) the Confinement exceeds the Waiting Period.]

The Waiting Period is applied only once for any one Accident if the injured person is Confined more than once due to the same Injury.

Confined or Confinement means being an inpatient in a Hospital due to Injury.

Day of Confinement means a day of inpatient Confinement in a Hospital for which a daily room and board charge is made for a full day of Confinement.

Period of Confinement means the interval of time during which an injured person is Confined as an inpatient in a Hospital. A Period of Confinement begins on the date of admission to the Hospital and ends on the date of release from the Hospital. [If a Benefit is payable, and the injured person is subsequently Confined to a Hospital for the same Injury within [30-90] days, We will consider it the same Period of Confinement.]

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Intensive Care
Unit Benefit:**

If You [or Your Dependents] are confined during a Period of Confinement and the:

- 1) Confinement is due to Injury sustained in a Covered Accident; and
- 2) the first Day of Confinement occurs within [30-90] days after the Accident;

We will pay an Intensive Care Unit benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

[If the injured person is Confined in an Intensive Care Unit as a result of more than one Covered Accident, only one benefit, the largest, will be payable.]

The Benefit is payable as long as the Period of Confinement continues up to the Maximum Benefit Period.

Confined and Confinement means the patient is:

- 1) admitted to an Intensive Care Unit; and

- 2) charged for at least one day's room and board by the Hospital for each time he or she is admitted.

Period of Confinement means the interval of time during which the injured person is Confined as an inpatient in an Intensive Care Unit. A Period of Confinement begins on the date of admission to the Intensive Care Unit and ends on the date of release from the Intensive Care Unit.

Intensive Care Unit (ICU) means only that specifically designated facility of the Hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured. The ICU must be permanently equipped with special life-saving equipment for the care of the critically ill or injured. The patients must be under constant and continuous care of nurses assigned only to the ICU. These units must be listed as Intensive Care Units in the current edition of the American Hospital Associate Guide or eligible to be listed therein. This guide lists three types of facilities that meet this definition:

- 1) Intensive Care Unit;
- 2) Cardiac Intensive Care Unit; and
- 3) Infant (Neonatal) Intensive Care Unit.

These do not include surgical recovery rooms, progressive care, intermediate care, private or semi-private monitored rooms, observation units, telemetry units, or other facilities which do not meet the standards for an Intensive Care Unit as defined.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Outpatient
Care Benefit:**

If, You [or Your Dependents]:

- 1) sustain an Injury while in a Covered Accident; and
- 2) require and receive treatment as an outpatient unit of a Hospital within 72 hours of the date of the Injury;

We will pay an Outpatient Care Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

If the injured person receives outpatient care as a result of more than one Covered Accident, only one benefit amount, the largest, will be payable.

We will not pay this Benefit more than once each year for each person covered under this Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Recuperation
Benefit:**

If, You [or Your Dependents] sustain an Injury while in a Covered Accident and receive benefits under the Policy under either:

- 1) the Accident Hospital Income Benefit; or
- 2) the Intensive Care Unit Benefit;

We will pay an additional Recuperation Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

If the injured person sustains an Injury as a result of more than one Covered Accident, only one benefit amount, the largest, will be payable.

This Benefit is payable for the same number of days that We pay the [Accident Hospital Income Benefit] [and] [Intensive Care Benefit] under the Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Continuation
of Medical
Coverage
(COBRA)
Benefit:**

If You sustain an Injury that results in Loss of Life payable under the Accidental Death [and Dismemberment] Benefit, and Your Dependents:

- 1) are covered under the Policy; and
- 2) elect to continue medical coverage in accordance with the Consolidated Omnibus Reconciliation Act of 1988 (COBRA);

We will pay a Continuation of Medical Coverage Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

We will pay the COBRA Benefit in [two-four] annual installment amounts each equal to the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by the Percentage for the Continuation of Medical Coverage Benefit; or
- 2) the Maximum Amount for this Benefit.

The COBRA Benefit is payable to Your Dependents' insurance carrier on the date We receive the bill for such continuation of coverage.

If the Principal Sum is payable because of Your death; and

- 1) no person qualified as a Dependent; or
- 2) Your Dependents do not elect to continue coverage pursuant to COBRA;

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of the Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Extended
Dependents
Coverage
Benefit:**

If You die while Your Dependents are covered under the Policy, We will waive the payment of premiums; and continue coverage for Your covered Dependents.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

We will waive the premium and continue coverage for each of Your Dependents until the first to occur of:

- 1) the date Your Spouse remarries or Your Domestic Partner enters into a new Domestic Partnership;
- 2) the date he or she ceases to qualify as Your Dependent;
- 3) the date which is one year from the date of Your death; or
- 4) the date the Policy terminates.]

**[Extended
Care Facility
Benefit:**

If You are Disabled and Confined in an Extended Care Facility and the Confinement was due to an Injury that:

- 1) began within [90-365] days of the date of Accident; and
- 2) is reasonably expected to continue without interruption for the rest of Your life;

We will pay an Extended Care Facility Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Extended Care Facility Benefit provides an amount equal to Your Principal Sum multiplied by the Extended Care Facility Benefit Percentage. The total amount payable under this benefit when combined with the Accidental Death and Dismemberment Benefit for the same Injury will not exceed Your Principal Sum.

Payment for this Benefit will begin on the first day of the [7th -13th] month of consecutive Confinement.

Benefits for less than one month will be pro-rated.

We will pay this Benefit until the earliest to occur of:

- 1) the date You cease to be Confined in an Extended Care Facility;
- 2) the date You cease to be Disabled; or
- 3) [24-120] consecutive months of payment.

[However, if You die during a period for which the Benefit is payable and before the Benefit has been paid for the maximum number of months stated above, We will pay the unpaid Benefit for the remaining months in one lump sum to Your Designated Beneficiary.]

We may require You to submit, on a periodic basis, proof of continuous Confinement due to Disability.

Confined or Confinement means being an inpatient in an Extended Care Facility due to Injury.

Extended Care Facility means a place which:

- 1) is licensed by the state in which it is located;
- 2) provides nursing home care on an inpatient basis under the supervision of a Physician;
- 3) has nursing services provided by or under the supervision of a registered nurse (RN), licensed vocational nurse (LVN), or a licensed practical nurse (LPN);
- 4) keeps a daily medical record of each patient; and
- 5) is either a freestanding facility or a ward, wing, or swing bed of a Hospital or other institution.

Disabled or Disability means, as a result of Injury, You are wholly and continuously prevented from:

- 1) performing any work or occupation for wage of profit for which You are reasonably qualified or trained; or
- 2) if not employed, engaging in the normal activities of a person of like age and gender in good health.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Common
Disaster
Benefit:**

If You and Your Spouse or Domestic Partner die as the result of Injury:

- 1) received in the same Accident; [or
- 2) in separate accidents which occur within 24 hours of each other];

and a Principal Sum is payable under the Accidental Death [and Dismemberment] Benefit for each death, the Principal Sum applicable to Your Spouse or Domestic Partner will be increased to equal the lesser of:

- 1) Your Principal Sum; or
- 2) an amount which, when added to Your Principal Sum, equals the Common Disaster Benefit Limit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Survivor
Income
Benefit:**

If You [or Your Spouse or Domestic Partner] sustain an Injury that results in Loss of Life payable under the Accidental Death [and Dismemberment] Benefit, We will pay an additional Survivor Benefit if Your Dependents are covered.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Survivor Income Benefit provides a monthly Benefit equal to a Percentage of the deceased person's Principal Sum for the Payment Period.

The Survivor Income Benefit will be paid:

- 1) to the Beneficiary You designated; or
- 2) if no Beneficiary has been designated:
 - a) to Your surviving Spouse or Domestic Partner;
 - b) if no surviving Spouse or Domestic Partner, in equal shares to Your surviving Dependent Children;
 - c) if no surviving Dependents, to Your estate.

If a minor child is entitled to this Benefit, We may, at Our option, make Benefit payments according to the Claims to be Paid provision of the Policy. We will begin payments on the first day of the month next following the date the death claim is paid.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[HIV Occupa-
tional Accident
Benefit:**

If, as a direct result of an Injury as defined in this Benefit You test HIV Positive, We will pay an HIV Occupational Accident Benefit.

In order to receive this Benefit, You must:

- 1) file with Your employer, within 72 hours of the Accident, an incident report (notice of exposure), on a form satisfactory to Us, which describes the nature of the exposure to HIV;
- 2) submit such incident report to Us as soon as reasonably possible after the Accident;
- 3) not have previously tested positive for HIV, or if You had previously tested positive for HIV, You must have subsequently tested negative to HIV prior to the date of the Accident;
- 4) submit to Us, as soon as reasonably possible, proof that You tested negative for HIV in a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing) within 96 hours of the Injury at an authorized laboratory other than the laboratory of Your employer; and
- 5) thereafter, test HIV Positive within 52 weeks of the date of the Injury reported in item 1) above.

We must receive notification of HIV Positive test results as soon as reasonably possible.

This Benefit will be paid:

- 1) after We receive proof of HIV test results as indicated in this Benefit; and
- 2) according to the Claim Provisions of the Policy.

We will not pay for any cost incurred for HIV tests or any related testing.

In no event will We provide benefits for HIV, acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), or any complications arising there from, except as specifically provided in this Benefit.

Injury, for the purpose of this Benefit, means an accidental:

- 1) cutaneous exposure through abraded skin;
- 2) percutaneous exposure; or
- 3) mucocutaneous exposure;

that occurs while You are covered by this Benefit.

HIV means human immunodeficiency virus.

HIV Positive means the presence of HIV antibodies in Your blood as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Dependent
Child
Dismemberment
Benefit:**

If Your covered Dependent Child sustains a Loss, other than Loss of Life under the Accidental Death and Dismemberment Benefit, We will double the Principal Sum amount payable for the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

We will not pay more than an amount equal to two times the Principal Sum under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses which are due to the same injury.]

**[Funeral
Expense
Benefit:**

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the Accidental Death [and Dismemberment] Benefit, We will pay an additional Funeral Expense Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Funeral Expense Benefit will provide an amount equal to the least of:

- 1) the expense incurred for Customary Funeral Expenses;
- 2) the amount resulting from multiplying the deceased person's amount of Principal Sum by the Funeral Expense Percentage; or
- 3) the Maximum Amount for this Benefit.

Customary Funeral Expenses mean services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased and the costs incurred for the purchase of a cemetery plot, tomb or mausoleum for the burial or interment of the deceased, including plaque, tombstone or monument.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Permanent
Total Disability
Benefit:**

If You [or Your Spouse or Domestic Partner] are Disabled and the injured person's Disability:

- 1) resulted from Injury received before attainment of the Policy Age Limit;
- 2) began within the Disability Commencement Period after the Accident;
- 3) continued without interruption for at least the Qualification Period; and
- 4) is reasonably expected to continue without interruption until death;

This Benefit will be paid:

- 1) after We receive Proof of Loss for the injured person, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

We will pay the the injured person's amount of Weekly Benefit less any amount paid or payable under the Accidental Death and Dismemberment Benefit for each week of Disability].

Payment of the Weekly Benefit will not exceed the Payment Period.

We will pay one-seventh for each day of a partial week of the Total Disability.

Disabled or Total Disability, for the purpose of this Benefit, means Your [or Your Spouse's or Domestic Partner's]:

- 1) inability to perform the material and substantial duties of any occupation which You are suited by education, training and experience;[or
- 2) with respect to a Spouse or Domestic Partner who is unemployed, his or her inability to engage in the normal and customary activities or a person of like age and gender in good health.

Your unemployed Spouse or Domestic Partner must be:

- 1) regularly attended by a Physician; however, regular care of a Physician is not required if it can be determined that your Spouse or Domestic Partner has reached his or her maximum point of recovery; and
- 2) continuously confined within his or her house or Hospital, provided such house or Hospital confinement will not preclude transportation of Your Spouse or Domestic Partner to or from a Hospital or Physician's office for necessary treatment at the direction of his or her Physician.]

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Traumatic
Brain Injury
Benefit:**

If You [or Your Dependents] sustain an Injury that results in a Traumatic Brain Injury within [60-365] days of the date of Accident which:

- 1) requires that the injured person be Hospitalized for at least [7-14] days during the first [60-365] days following the Accident; and
- 2) continues for [6-12] consecutive months;

We will pay a Traumatic Brain Injury Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the Claim Provisions of the Policy.

The Traumatic Brain Injury Benefit is equal to the injured person's amount of Principal Sum.

[We will not pay this Benefit if a benefit is payable to the injured person for Loss of Life under the Accidental Death [and Dismemberment] Benefit].

Traumatic Brain Injury means physical damage to the brain which is certified by a

Physician at the end of [6-12] consecutive months to:

- 1) be permanent, complete and irreversible; and
- 2) prevent the injured person from performing all the substantial and material functions and activities of a person of like age and gender in good health.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Bereavement
Counseling
Benefit:**

If You [or Your Dependents] die and a Benefit is payable for Loss of Life under the Accidental Death [and Dismemberment] Benefit, We will pay the expenses [You or] Your Dependents incur for Bereavement Counseling.

This Benefit will be paid:

- 1) after We receive proof of Bereavement Counseling expenses, satisfactory to Us, within [90-365] days of the date of Your [or Your Dependent's] death; and
- 2) according to the Claim Provisions of the Policy.

We will pay up to [\$50.00-\$100.00] per visit up to the Maximum Amount for this Benefit per person.

The expenses for Bereavement Counseling must first be incurred within [90-365] days of the date of the death.

Bereavement Counseling means treatment or counseling for the grief reaction resulting from Your [or Your Dependent's] Loss of Life. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Accident Total
Disability
Benefit:**

The Accident Total Disability Benefit amount payable will be the lesser of:

- 1) the Monthly Benefit Amount; or
- 2) [10-100%] of Your [or Your Spouse's or Domestic Partner's] Basic Monthly Pay, minus any benefit for loss of income:
 - a) As a result of the period of Disability for which You [or Your Spouse or Domestic Partner] is claiming benefits under this plan; [and
 - b) pursuant to any temporary or permanent disability benefits under a Workers' Compensation Law, occupational disease law or similar law, including those for which You [or your Spouse or Domestic Partner] could collect but did not apply]; [and
 - c) pursuant to any plan or arrangement of coverage, [other than income from any accumulated sick time, salary continuation, or paid time off], whether insured or not, [which is received from Your [or Your Spouse's or Domestic Partner's] employer as a result of employment by or association with such employer] [or which is the result of membership in or association with any group, association, union or other organization] for which You [or Your Spouse or Domestic Partner] are eligible or that are paid to You [or Your Spouse or Domestic Partner].]

[If the injured person has more than one Covered Accident under this benefit, only one benefit, the largest, will be payable].

The Waiting Period, Maximum Payment Period, and Monthly Benefit Amount are shown in the Schedule of Insurance. The Waiting Period and Maximum Payment Period apply separately to each period of Total Disability.

[Option 1:

Basic Monthly Pay means Your [or Your Spouse's or Domestic Partner's] regular monthly rate of pay, [not counting bonuses, commissions, tips and tokens, overtime pay or any other fringe benefit or extra compensation], in effect on the last day You [or Your Spouse or Domestic Partner] were actively at work before You [or Your Spouse or Domestic Partner] became Disabled].

[Option 2:

Basic Monthly Pay means the 12 month average of Your regular monthly rate of pay, [not including commissions, bonuses, overtime pay or any other fringe benefit or extra compensation], with such 12 month period ending on the last day of active employment prior to becoming Disabled].

Period of Disability means a continuous length of time during which You [or Your Spouse or Domestic Partner] are Disabled under the Policy.

Regular Care of a Physician means that the disabled person is being treated by a Physician:

- 1) whose medical training and clinical experience are suitable to treat the disabling condition; and
- 2) whose treatment is:
 - a) consistent with the diagnosis of the disabling condition;
 - b) according to guidelines established by medical, research, and rehabilitative organizations; and
 - c) administered as often as needed;

to achieve the maximum medical improvement and until such time as the maximum point of recovery is obtained.

Successive Periods of Disability:

Periods of Disability:

- 1) due to the same or related medical causes; and
- 2) separated by less than [30-90 days] during which You [or Your Spouse or Domestic Partner] are actively at work;

will be considered one Period of Disability.

Periods of Disability separated by at least [30-90 days] during which You [or Your Spouse or Domestic Partner] are actively at work will be considered separate Periods of Disability.

Benefits during any Period of Disability as the result of more than one Injury will be considered the same as if the disability resulted from only one cause.

Totally Disabled or Total Disability, for the purpose of this Benefit, means Your [or Your Spouse's or Domestic Partner's]:

- 1) inability to perform the material and substantial duties of Your [or Your Spouse's or Domestic Partner's] usual occupation [or any occupation for which You [or Your Spouse or Domestic Partner] is suited by education, training and experience]; [or
- 2) with respect to a Spouse or Domestic Partner who is unemployed, his or her inability to engage in the normal and customary activities of a person of like age and gender in good health and that he or she be under the Regular Care of a Physician.

Waiting Period means the number of consecutive days at the beginning of a period of Total Disability which must elapse before benefits are payable. The Waiting Period:

- 1) begins on the first day of Your [or Your Spouse's or Domestic Partner's] Total Disability; and

- 2) is satisfied when You [or Your Spouse or Domestic Partner] have been continuously Totally Disabled for the number of days shown in the Schedule of Insurance.]

**Paralysis
Benefit**

This benefit provides a lump sum benefit payment if, as the result of an Injury, You [or Your Dependent] sustain Paralysis.

Benefits are payable, if the following conditions are met:

- 1) such Paralysis occurs within [180-365] days of the date of the Accident;
- 2) the Paralysis continues for [6-12] consecutive months;
- 3) A competent medical authority, acceptable to Us, determines the Paralysis to be permanent, complete and irreversible; and
- 4) You [or Your Dependent] sustain any of the losses described below.

We will pay after the [6th-12th] month of Paralysis, a lump sum benefit amount based on Your [or Your Dependent's] Principal Sum, equal to the percent of Principal Sum listed below.

[Uniplegia	[25%-100%] of Principal Sum]
[Hemiplegia	[25%-100%] of Principal Sum]
[Paraplegia	[25%-100%] of Principal Sum]
[Triplegia	[25%-100%] of Principal Sum]
[Quadriplegia	[25%-100%] of Principal Sum]

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

[If benefits become payable under the Paralysis Benefit and the Total Loss of Use provision for loss resulting from any one Accident, the largest, will be paid under the applicable benefit provision.]

Unless specifically stated otherwise, the total amount of benefits payable under the Paralysis Benefit, in addition to any other benefits payable under the Policy, cannot exceed the Principal Sum. The most We will pay under the Policy for all losses resulting from any one Accident is the covered person's Principal Sum.

[Hemiplegia means the total Paralysis of the upper and lower limbs of the same side of the body.]

Paralysis means the permanent impairment and loss of the ability to voluntarily move or to have sensation in an entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb.

[Paraplegia means the total Paralysis of both lower limbs.]

[Quadriplegia means the total Paralysis of both upper and lower limbs.]

[Triplegia means the total Paralysis of three limbs.]

[Uniplegia means the total Paralysis of one limb.]

SECTION 6: EXCLUSIONS

Exclusions:

This Policy does not cover any Loss caused or contributed by:

- 1) sickness or treatment of a sickness, as described in the definition of Injury;
- 2) intentionally self-inflicted Injury;
- 3) suicide or attempted suicide, whether sane or insane;
- 4) war or act of war, whether declared or not;
- 5) Injury sustained while on active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve National Guard Service;
(We will refund the pro rata portion of any premium paid for You [or Your Dependents] while You [or Your Dependents] are in the armed forces on active duty. Written notice must be given to Us within 12 months of the date You [or Your Dependents] enter the armed forces.);
- 6) Injury sustained while on any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- 7) Injury sustained while on any aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 8) Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
- 9) Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
- 10) Injury sustained while committing or attempting to commit a felony;
- 11) Injury sustained while Intoxicated; or
- 12) Injury sustained while driving while Intoxicated.

Intoxicated means:

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the Accident occurred.

Reserve National Guard Service means: You [or Your Dependents] are :

- 1) attending or en route to or from any active duty training of less than sixty (60) days;
- 2) attending or en route to or from a service school of any duration;
- 3) taking part in any authorized inactive duty training; or
- 4) taking part as a unit member in a parade or exhibition authorized by official orders.

SECTION 7: CLAIM PROVISIONS

Notice of Claim:	<p>You, or the person who has the right to claim benefits, must give Us, or Our authorized representative, written notice of a claim within 30 days after:</p> <ol style="list-style-type: none">1) the date of death; or2) the date of loss. <p>If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address and the Policy Number.</p>
Claim Forms:	<p>Within 15 days of receiving a Notice of Claim, We or Our authorized representative will send forms to the claimant to provide Proof of Loss. If We do not send the forms within 15 days, any other written proof which fully describes the nature and extent of the claim may be submitted.</p>
Proof of Loss:	<p>Depending on the nature of the Loss, Proof of Loss may include, but is not limited to, the following:</p> <ol style="list-style-type: none">1) a completed claim form;2) a certified copy of the death certificate (if applicable);3) any medical records and information We request that is reasonably required by Us to adjudicate the claim.
Sending Proof of Loss:	<p>Written Proof of Loss must be sent within 180 days after the loss. All Proof of Loss should be sent to Us or Our authorized representative.</p> <p>If Proof is not given by the time it is due, it will not affect the claim if:</p> <ol style="list-style-type: none">1) it was not possible to give Proof within the required time; and2) Proof is given as soon as possible; but3) not later than 1 year after it is due unless You, or the person who has the right to claim benefits, are not legally competent.
Physical Examination and Autopsy:	<p>While a claim is pending, We have the right at Our expense:</p> <ol style="list-style-type: none">1) to have the person who has a loss examined by a Physician when and as often as We reasonably require; and2) to have an autopsy performed in case of death where it is not forbidden by law.
Claim Payment:	<ol style="list-style-type: none">1. We shall pay or deny a Clean Claim within 30 days after We receive it if the claim was submitted electronically, or within 45 days after receipt if the claim was submitted by other means.2. We shall notify the claimant within 30 days after receipt of the claim if We determine that more information is needed to resolve one or more issues. Our notice shall give an explanation of the additional information that is required. We may suspend the claim until We receive the requested information. We shall reopen and pay or deny a previously suspended claim within 30 days after We receive all the information We requested.3. If We fail to pay or deny a Clean Claim in accordance with item 1. above or give notice in accordance with item 2. above, We shall pay a penalty to the claimant for the period beginning on the sixty-first day after receipt of the Clean Claim and ending on the Clean Claim payment date (the delinquent payment period), calculated as follows: the amount of the Clean Claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. Such payment shall be paid without any action by the claimant.4. If We fail to pay or deny a claim in accordance with item 2. above which is not already subject to the penalty for the claim imposed by item 3. above, We shall pay a penalty to the claimant for the period beginning on the forty-sixth day

after the last item of information requested was received and ending on the claim payment date (the delinquent payment period), calculated as follows: the amount of the claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. Such payment shall be paid without any action by the claimant.

“Clean Claim” means a claim for payment that is submitted on a HCFA 1500, on a UB92, in a format required by HIPAA, or on Our standard claim form with all required fields completed in accordance with Our published claim filing requirements. A Clean Claim shall not include a claim: (1) for payment of expenses incurred during a period of time for which premiums are delinquent; or (2) for which We need additional information in order to resolve one or more issues.

All accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which We are liable and any balance remaining unpaid upon termination of liability will be paid immediately.

Claims to Be Paid:

Benefits for Loss of Life will be paid in accordance with the Beneficiary Designation.

If no Beneficiary is named, or if no Beneficiary survives You, We may, at Our option, pay:

- 1) Your estate; or
- 2) all to Your surviving Spouse or Domestic Partner; or
- 3) if Your Spouse or Domestic Partner does not survive You, in equal shares to Your surviving Child(ren); or
- 4) if no Child(ren) survive(s) You, in equal shares to Your surviving Parents.

We may, at Our option, pay a portion of Your Accidental Death Benefit up to \$1,000 to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.

If any Beneficiary is a minor, We may pay his or her share, until a legal guardian is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:

- 1) \$1,000 at Your death; and
- 2) monthly installments of no more than \$500.

Payment to any person as shown above will release Us from all further liability for the amount paid].

[We will pay the Accidental Death [and Dismemberment] Insurance Benefit at Your Dependent's death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or Domestic Partner or the executors or administrators of Your estate].

We will make any payments, other than for Loss of Life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to:

- 1) Your estate;
- 2) a person who is a minor; or
- 3) a person who is not legally competent,

then We may pay up to \$1,000 to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.

- Beneficiary Designation:** You may designate or change a Beneficiary by doing so in writing on a form satisfactory to Us. Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a Beneficiary change.
- Claim Denial:** If a claim for benefits is wholly or partly denied, You or Your Beneficiary will be furnished with written notification of the decision.
- This written decision will:
- 1) give the specific reason(s) for the denial;
 - 2) make specific reference to provisions on which the denial is based;
 - 3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
 - 4) provide an explanation of the review procedure.
- Assignment:** You have the right to absolutely assign all of Your rights and interests under the Policy including, but not limited to, the following:
- 1) the right to make any contributions required to keep the insurance in force; and
 - 2) the right to name and change a Beneficiary.
- We will recognize any absolute assignment made by You under the Policy, provided:
- 1) it is duly executed; and
 - 2) a copy is acknowledged and on file with Us.
- We assume no responsibility:
- 1) for the validity or effect of any assignment; or
 - 2) to provide any assignee with notices which We may be obligated to provide to You.
- You do not have the right to collaterally assign Your rights and interests under the Policy.
- Legal Actions:** Legal action cannot be taken against Us:
- 1) sooner than 60 days of the date written Proof of Loss is furnished; or
 - 2) 3 years of the date Proof of Loss is required to be furnished according to the terms of the Policy.
- Misstatement of Age:** If the benefits are based on age and the age has been misstated, there will be an adjustment of said benefit based on the true age. We may require satisfactory proof of age before paying any claim.

SECTION 8: GENERAL PROVISIONS

Entire Contract; Changes:	<p>This Policy, the Application, and any attached Riders or Endorsements make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No written statement made by You will be used in any contest unless a copy of the statement is furnished to You, Your beneficiary or Your representative.</p> <p>No change in this Policy will be valid until approved by an officer of the Company. The change must be signed by an officer of the Company and attached to this Policy. No agent may change this Policy or waive any of its provisions. Any change that modifies, limits or excludes coverage must contain Your signature in order for the change to be binding.</p>
Incontestability:	<p>The validity of this Policy will not be contested after it has been in force for two years from the Policy Effective Date, except as to nonpayment of premiums.</p> <p>After two years from the Policy Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to void this Policy or contest a claim under this Policy.</p>
Conformity with State Statutes:	<p>Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which it was issued is hereby amended to conform to the minimum requirements of those statutes.</p>
Not in Lieu of Workers' Compensation:	<p>This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.</p>
Clerical Error:	<p>Clerical error, whether by You or Us, will not void the insurance of any insured person if that insurance would otherwise have been in effect nor extend the insurance of any insured person if that insurance would otherwise have ended or been reduced as provided in this Policy.</p>

SECTION 9: CONSUMER INFORMATION NOTICE

The Insurance Company may be contacted at its Administrative Office:

Starr Indemnity & Liability Company
[399 Park Avenue, 8th Floor
New York, NY 10016
1-800-123-4567]

The Insurance Agent may be contacted at:

[Joseph Agent
123 Main Street
Anytown, AR 12345
1-800-234-5678]

The State Insurance Department may be contacted at:

Arkansas Insurance Department
[1200 West Third Street
Little Rock, AR 72201-1904
1-800-852-5494
(501) 371-2640]

SECTION 10: GUARANTY ASSOCIATION NOTICE

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which benefits could be provided out of the assets of the impaired or insolvent insurer.

APPLICATION FOR
INDIVIDUAL ACCIDENT-ONLY INSURANCE TO



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [399 Park Avenue, 8th Floor, New York, New York 10022]

Primary Insured's Information:

Name (Last, First, MI)	Date of Birth	Social Security No.	Age	Sex
Street Address: (Street, City, State, Zip Code)				
Billing Address: (Street, City, State, Zip Code)				
Email Address		Home Phone No.	Work Phone No.	

Dependent Information – Complete the following for each dependent to be insured:

Name (Last/First/Middle)	Relationship	Sex	Age	Date of Birth	Social Security No.

Beneficiary Information:

Primary Beneficiary:	Relationship:
Contingent Beneficiary:	Relationship:

Benefits:

[Accidental Death Benefit]

[Accidental Death [and Dismemberment] Benefit [with Double Indemnity][with an Increased Benefit] While on a Common Carrier

Common Carrier Limit: __ [\$10,000] __ [\$50,000] __ [\$100,000] __ [\$500,000] __[\$1,000,000]]

[Accidental Death Motor Vehicle and Pedestrian Benefit]

[Accidental Death Covered Accident Benefit]

[Accidental Death and Dismemberment Benefit]

[Accidental Death [and Dismemberment] While On a Scheduled Aircraft, Military Transport Aircraft and Common Carrier Benefit]

[Accidental Death [and Dismemberment] While On a Scheduled Aircraft or Military Transport Aircraft Benefit]

Principal Sum for Primary Insured: __ [\$10,000] __ [\$25,000] __ [\$50,000] __ [\$100,000]
__ [\$250,000] __ [\$500,000] __[\$1,000,000]

[Principal Sum for Spouse or Domestic Partner: __ [50%] __ [75%] of Primary Insured's.

Principal Sum for Each Dependent Child: __ [10%] __ [25%] __ [30%] of Primary Insured's.]

[Additional Benefits, when offered, will be listed here with the range of benefit amounts shown in Section 1: Schedule of Insurance in the Policy.]

APPLICANT'S STATEMENT

By signing below, I hereby apply for accident-only insurance and understand that, if accepted by the Company, coverage will not begin until the Effective Date shown in the Policy.

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THE POLICY PROVIDES LIMITED BENEFITS. REVIEW YOUR POLICY CAREFULLY

Signature of Applicant

Date



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [399 Park Avenue, 8th Floor, New York, NY 10022]

ACCIDENT-ONLY COVERAGE

THIS POLICY PROVIDES LIMITED BENEFITS

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND
NOT INTENDED TO COVER ALL MEDICAL EXPENSES**

OUTLINE OF COVERAGE

Read Your Policy Carefully—This Outline of Coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

This **IS NOT A MEDICARE SUPPLEMENT POLICY**. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

BENEFITS:

[Accidental Death Benefit]

[Accidental Death [and Dismemberment] Benefit [with Double Indemnity][with an Increased Benefit]
While On a Common Carrier
Common Carrier Limit: [\$10,000-\$1,000,000]]

[Accidental Death Motor Vehicle and Pedestrian Benefit]

[Accidental Death Covered Accident Benefit]

[Accidental Death and Dismemberment Benefit]

[Accidental Death [and Dismemberment] While On a Scheduled Aircraft, Military Transport Aircraft and Common Carrier Benefit]

[Accidental Death [and Dismemberment] While On a Scheduled Aircraft or Military Transport Aircraft Benefit]

Principal Sum: [\$10,000-\$1,000,000]

[Accidental Death [and Dismemberment] Reduction on and after Age 70: We will reduce Your Principal Sum on the Premium Due Date on or next following the date You attain ages 70, 75, 80, and 85. The reduced amount will be determined by multiplying the Principal Sum shown in the Application by the percentage shown below for Your attained age:

Your Age	Percentage of Principal Sum
Age 70-74	65%
Age 75-79	45%
Age 80-84	30%
Age 85 or over	15%]

[Principal Sum for each of Your Dependents:

The Principal Sum that applies to each person covered under the Policy as Your Dependent, on the date of Accident, is determined by multiplying Your Principal Sum by the percentage determined below.

	Spouse or Domestic Partner	Each Dependent Child
Spouse only	[50-75]%	0%
Spouse and Dependent Child(ren)	[50-75]	[10-30]%
Dependent Chil(dren) only	0%	[10-30]%]

[Common Carrier Benefit

[Common Carrier] Principal Sum:

[\$10,000-\$1,000,000]

Common Carrier Limit:

[\$10,000-\$1,000,000]]

[Exposure and Disappearance

Included]

[Seat Belt [and Air Bag] Benefit

Seat Belt Benefit Percentage:

[5%-25%] of Principal Sum

Seat Belt Benefit

[\$5,000-\$100,000]

[Air Bag Benefit Percentage:

[5%-25%] of Principal Sum

Air Bag Benefit

[\$5,000-\$100,000]]]

[Anti-Inflation Benefit

Benefit Percentage:

[2%-20%] of original Principal Sum

Maximum Benefit Amount:

[20%-100%] of original Principal Sum]

[Repatriation Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]]

[Felonious Assault Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]]

[Child Education Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]

Minimum Benefit Amount:

[\$2,500-\$50,000]]

[Day Care Benefit	
Benefit Percentage:	[5%-25%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$100,000]
Minimum Benefit Amount:	[\$2,500-\$50,000]]
[Rehabilitation Benefit	
Benefit Percentage:	[5%-25%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$100,000]]
[Spouse or Domestic Partner Education Benefit	
Benefit Percentage:	[5%-25%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$100,000]
Minimum Benefit Amount:	[\$2,500-\$50,000]]
[Adaptive Home and Vehicle Benefit	
Benefit Percentage:	[5%-25%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$100,000]]
[Coma Benefit	
Waiting Period:	[1-60] days
Maximum Benefit Amount:	[\$5,000-\$100,000]]
[Critical Burn Benefit	
Benefit Percentage:	[5%-25%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$100,000]]
[Therapeutic Counseling Benefit	
Benefit Percentage:	[5%-25%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$100,000]]
[Accident Hospital Income Benefit [Covered Accident]	
Waiting Period:	[1-30] days
	[Retroactive]
Daily Benefit:	[\$100-\$750] per day
Payment Period:	[3-12] months]]
[Intensive Care Unit Benefit	
Benefit Amount:	[\$100-\$1,000] per day
Maximum Benefit Period:	[1-60] days]
[Outpatient Care Benefit	
Benefit Amount:	[\$100-\$5,000]
[Recuperation Benefit	
Benefit Amount:	[\$100-\$1,000] per day
Maximum Benefit Period:	[1-60] days]
[Continuation of Medical Coverage (COBRA) Benefit	
Benefit Percentage:	[5%-25%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$50,000]
Minimum Benefit Amount:	[\$2,500-\$10,000]]

[Extended Dependents Coverage Benefit	Included]
[Extended Care Facility Benefit Benefit Percentage:	[5%-75%] of Principal Sum]
[Common Disaster Benefit Common Disaster Limit:	[\$10,000-\$1,000,000]]
[Survivor Income Benefit Monthly Benefit Amount: Payment Period:	[5%-25%] of Principal Sum [6-120] months]
[HIV Occupational Accident Benefit Benefit Amount:	[\$5,000-\$1,000,000]]
[Dependent Child Dismemberment Benefit	Included]
[Funeral Expense Benefit Benefit Percentage: Maximum Benefit Amount:	[5%-25%] of Principal Sum [\$5,000-\$20,000]]
[Permanent Total Disability Benefit Disability Commencement Period: Qualification Period: Weekly Benefit Amount: Payment Period:	[90-365] days after Accident [1-13] weeks [\$100-\$2,000] per week [13-156] weeks]
[Traumatic Brain Injury Benefit	Included]
[Bereavement Counseling Benefit Maximum Benefit Amount:	[\$5,000-\$20,000]]
[Accident Total Disability Benefit Monthly Benefit Amount: Waiting Period: Maximum Payment Period:	[\$1,000-\$10,000] per month [1-6] months [3-120] months]
[Paralysis Benefit	Included]

EXCLUSIONS:

The Policy does not cover any Loss caused or contributed by:

- 1) sickness or treatment of a sickness, as described in the definition of Injury;
- 2) intentionally self-inflicted Injury;
- 3) suicide or attempted suicide, whether sane or insane;
- 4) war or act of war, whether declared or not;
- 5) Injury sustained while on active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve National Guard Service;
(We will refund the pro rata portion of any premium paid for You [or Your Dependents] while You [or Your Dependents] are in the armed forces on active duty. Written notice must be given to Us within 12 months of the date You [or Your Dependents] enter the armed forces.);
- 6) Injury sustained while on any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- 7) Injury sustained while on any aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 8) Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
- 9) Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
- 10) Injury sustained while committing or attempting to commit a felony;
- 11) Injury sustained while Intoxicated; or
- 12) Injury sustained while driving while Intoxicated.

GUARANTEED RENEWABLE: The Policy is guaranteed renewable until your (or your covered Spouse's or Domestic Partner's if dependent coverage is available) termination age. We cannot change any of the terms of this Policy on its own, except that, in the future, We may increase the premium you pay.

COVERAGE TERMINATES AT AGE [65, 70, 75, 80, 85] OR AS OTHERWISE PROVIDED BY THE POLICY.

SERFF Tracking Number:	PLIS-126379140	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	44188
Company Tracking Number:	AH-45001-AR		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	Indiv. AD&D		
Project Name/Number:	/		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved-Closed 12/01/2009	Rate Manual	AH-45001-AR	New		Rate Manual AR-part1.pdf Rate Manual AR-part2.pdf

STARR INDEMNITY & LIABILITY COMPANY

RATE MANUAL

FOR

INDIVIDUAL ACCIDENT INSURANCE

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

AND

RELATED ANCILLARY BENEFITS

POLICY FORM

AH-45001-AR et al.

Starr Indemnity & Liability Company
Individual Accident Insurance
Form AH-45001-AR et al.

Table of Contents

Introduction	3
Exclusions	3
Core Benefit	4
Additional Benefits	5
Premium Rates	7

Starr Indemnity & Liability Company
Individual Accident Insurance
Form AH-45001-AR et al.

Introduction

The policy forms and this Rate Manual are new and do not replace any previously filed with your office by the Company.

The policy forms, supported by this Rate Manual, provide Accidental Death and Dismemberment (AD&D) and related ancillary benefits.

The Company may choose to make dependent coverage available.

No underwriting of individuals is done.

The policy is marketed by licensed agents and brokers.

Exclusions

Exclusions are shown in the policy forms.

Starr Indemnity & Liability Company
Individual Accident Insurance
Form AH-45001-AR et al.

Core Benefit

Accidental Death or Accidental Death and Dismemberment Benefit

If injury to the covered person results in death or dismemberment within the loss period from the date of the covered accident that caused the injury, the Company will pay the percentage of the Principal Sum shown in the Schedule of Insurance for that loss.

One of the following Accidental Death or Accidental Death and Dismemberment Benefits will always be included:

Accidental Death Benefit

Accidental Death *or* Accidental Death and Dismemberment Benefit
With Double Indemnity *or* With an Increased Benefit
While On a Common Carrier

Accidental Death Motor Vehicle and Pedestrian Benefit

Accidental Death Covered Accident Benefit

Accidental Death and Dismemberment Benefit

Accidental Death *or* Accidental Death and Dismemberment Benefit
While On a Scheduled Aircraft, Military Transport Aircraft and Common Carrier

Accidental Death *or* Accidental Death and Dismemberment Benefit
While On a Scheduled Aircraft or Military Transport Aircraft

Starr Indemnity & Liability Company
Individual Accident Insurance
Form AH-45001-AR et al.

Additional Benefits

The following Additional Benefits are optional and may be added:

Common Carrier Benefit

Exposure and Disappearance

Seat Belt Benefit *or* Seat Belt and Air Bag Benefit

Anti-Inflation Benefit

Repatriation Benefit

Felonious Assault Benefit

Child Education Benefit

Day Care Benefit

Rehabilitation Benefit

Spouse Education Benefit

Adaptive Home and Vehicle Benefit

Coma Benefit

Critical Burn Benefit

Therapeutic Counseling Benefit

Accident Hospital Income Benefit *or*
Accident Hospital Income Benefit Covered Accident

Intensive Care Unit Benefit

Outpatient Care Benefit

Recuperation Benefit

Continuation of Medical Coverage (COBRA) Benefit

Extended Dependents Coverage Benefit

Starr Indemnity & Liability Company
Individual Accident Insurance
Form AH-45001-AR et al.

Additional Benefits (cont.)

Extended Care Facility Benefit

Common Disaster Benefit

Survivor Income Benefit

HIV Occupational Accident Benefit

Dependent Child Dismemberment Benefit

Funeral Expense Benefit

Permanent Total Disability Benefit

Traumatic Brain Injury Benefit

Bereavement Counseling Benefit

Accident Total Disability Benefit

Paralysis Benefit

Starr Indemnity & Liability Company
Individual Accident Insurance
Form AH-45001-AR et al.

Premium Rates

The following pages contain the Monthly Net Claim Costs for each Benefit.

To calculate the Monthly Final Premium Rates, add up the Monthly Net Claim Costs for all the included benefits and divide by the Anticipated Loss Ratio.

$$\text{Monthly Final Premium Rate} = \frac{\text{Sum of All Monthly Net Claim Costs}}{\text{Anticipated Loss Ratio}}$$

The Anticipated Loss ratio in this state is 55%.

Accidental Death Benefit

Adult Net Claim Cost

The Monthly Net Claim Cost per \$1,000 was derived as follows:

				Formula	Description
1)	0.431				population accidental death rate per 1,000 (Injury Facts 2005-2006 Edition, Crime In The United States 1960-2004, US Dept of Labor Bureau of Labor Statistics 2004)
2)	x	0.500			weight attached to the population death rate
3)	=		0.216	1) x 2)	
4)	0.225	+			insured accidental death rate per 1,000 (Injury Facts 2005-2006 Edition, Crime In The United States 1960-2004, US Dept of Labor Bureau of Labor Statistics 2004)
5)	x	0.500			weight attached to the insured group death rate
6)	=		0.113	4) x 5)	
7)	=		0.328	3) + 6)	weighted average death rate per 1,000
8)			x 1.100		load for anti-selection
9)	=		0.361	7) x 8)	annual net claim cost per \$1,000
10)			÷ 12		annual to monthly conversion
11)	=		0.0301	9) ÷ 10)	monthly net claim cost per \$1,000

Dependent Child(ren) Net Claim Cost

The Monthly Net Claim Cost per \$1,000 was derived as follows:

				Formula	Description
1)	0.166				child population accidental death rate per 1,000 (Injury Facts 2005-2006 Edition, Crime In The United States 1960-2004)
2)	x	1.890			Avg. # of children, U.S. Census Bureau, Population Division, Current Population Survey, 2003 Annual Social and Economic Supplement
3)	x	1.100			load for anti-selection
4)	=		0.344	1) x 2) x 3)	annual net claim cost per \$1,000
5)			÷ 12		annual to monthly conversion
6)	=		0.0287	4) ÷ 5)	monthly net claim cost per \$1,000

If rates are to be calculated on a per child basis, then divide by 1.89 for the rate for each child.

Accidental Dismemberment Schedule

Dismemberment load as a percent of the Accidental Death rate	15.5%	
	Benefit	
	Percent of	
	Principal	
Loss of:	Sum	Load
Both Hands or Both Feet or Sight of Both Eyes	100%	1.82%
One Hand and One Foot	100%	0.91%
Speech and Hearing in Both Ears	100%	0.91%
Either Hand or Foot and Sight of One Eye	100%	1.82%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%	3.60%
Movement of Both Lower Limbs (Paraplegia)	75%	2.40%
Movement of Three Limbs (Triplegia)	75%	0.23%
Movement of the Upper and Lower Limbs on One Side of Body (Hemiplegia)	50%	0.15%
Either Hand or Foot	50%	0.91%
Sight of One Eye	50%	0.91%
Speech or Hearing in Both Ears	50%	0.91%
Movement of One Limb (Uniplegia)	25%	0.07%
Thumb and Index Finger of Either Hand	25%	0.91%
Total		15.55%

If the percent of the Principal Sum is modified from the above schedule the load for that benefit is multiplied by the ratio of the new percent of Principal Sum divided by the percent of the Principal Sum from the above schedule. As an example, if the benefit for Hemiplegia was increased to 75% from 50% then the load of .15% is multiplied by 75% and then divided by 50% and would result in a new load of 0.23% and the new total for dismemberment would be 15.63%.

All benefit costs assume the standard dismemberment schedule. If a variation from the above schedule is used, then the appropriate adjustment will be made.

State Variations

Injury Facts 2005-2006

State	Factor
Alabama	1.378
Alaska	1.461
Arizona	1.200
Arkansas	1.150
California	0.733
Colorado	1.106
Connecticut	0.906
Delaware	1.023
Dist. Of Columbia	1.200
Florida	1.177
Georgia	1.107
Hawaii	0.841
Idaho	1.206
Illinois	0.887
Indiana	0.989
Iowa	1.020
Kansas	1.050
Kentucky	1.100
Louisiana	1.260
Maine	1.013
Maryland	0.850
Massachusetts	0.800
Michigan	0.893
Minnesota	1.016
Mississippi	1.250
Missouri	1.180
Montana	1.200
Nebraska	1.095
Nevada	1.250
New Hampshire	0.800
New Jersey	0.800
New Mexico	1.280
New York	0.850
North Carolina	1.221
North Dakota	1.130
Ohio	0.908
Oklahoma	1.200
Oregon	1.046
Pennsylvania	1.055
Rhode Island	0.800
South Carolina	1.250
South Dakota	1.250
Tennessee	1.300
Texas	1.080
Utah	0.878
Vermont	1.035
Virginia	0.917
Washington	0.946
West Virginia	1.338
Wisconsin	1.091
Wyoming	1.300

ADEA Reductions

The factor to adjust for ADEA reduction schedules will vary depending on the schedule and will be derived as follows:

- 1) Deaths and exposures, using population accidental death rate data, are accumulated for each age band in the ADEA reduction schedule.
- 2) Deaths and exposures above age 70 are adjusted to reflect the US labor force at those ages.
- 3) The ADEA benefit adjusted total accidental death rate is calculated by weighting the each reduction by the deaths in that age band and dividing by the revised exposures reflecting the work force above age 70.
- 4) The ADEA reduction schedule factor is calculated as the ratio of the ADEA benefit adjusted total accidental death rate to the population accidental death rate

Example:

Hypothetical ADEA reduction schedule

Age	Benefit
<70	100%
70-74	65%
75-79	45%
80-84	25%
85+	15%

1) Deaths and Exposure

Age	Deaths	Exposures (000s)
<70	83,820	201,309
70-74	4,570	8,700
75-79	6,083	7,450
80-84	7,111	5,309
85+	12,651	4,546
Total	114,234	227,314

2) Deaths and exposures reflecting 70+ participation in the labor force

Age	Labor Force %	Deaths	Exposures (000s)
<70		83,820	201,309
70-74	15.0%	684	1,302
75-79	9.5%	576	706
80-84	3.8%	271	202
85+	3.8%	481	173
Total		85,832	203,692

3) ADEA benefit adjusted accidental death rate

(83,820 x 100% + 684 x 65% + 576 x 45% + 271 x 25% + 481 x 15%)

203,692

=

0.416

4) ADEA reduction factor

0.416

0.431

=

0.964

11

Adjustments for Other Hazards besides 24-Hour Coverage:

These factors adjust the core rates, which are for 24-hour coverage, for other hazards.

AD&D with Double Indemnity (or an Increased Benefit) While on a Common Carrier
Multiply 24-hour AD&D rate times 7% times the increased amount of the Principal Sum.
Add the result to the 24-hour AD&D rate.

Accidental Death - Motor Vehicle
Multiply 24-hour Accidental Death rate by 37%.

Accidental Death - Motor Vehicle and Pedestrian
Multiply 24-hour Accidental Death rate by 41%.

Accidental Death - Covered Accident	
Common Carrier	Multiply 24-hour Accidental Death rate by 7%.
Interstate Hwy. Motor Vehicle	Multiply 24-hour Accidental Death rate by 7%.
Motor Vehicle/Pedestrian	Multiply 24-hour Accidental Death rate by 41%.
All Other	24-hour Accidental Death rate minus any above.

Accidental Death - Scheduled Air, Military Transport Aircraft & Common Carrier
Multiply 24-hour Accidental Death rate by 7%.

AD&D - Scheduled Air, Military Transport Aircraft & Common Carrier
Multiply 24-hour AD&D rate by 7%.

Accidental Death - Scheduled Air, Military Transport Aircraft
Multiply 24-hour Accidental Death rate by 6%.

AD&D - Scheduled Air, Military Transport Aircraft
Multiply 24-hour AD&D rate by 6%.

Star Indemnity & Liability Company
Individual Accident (AD&D) Form AH-45001-AR et al.

Additional Benefits:

Each of these additional benefits may be added to the core Accidental Death or Accidental Death & Dismemberment (AD&D) Benefit. For benefit amounts different than the standard amounts shown, ratio up or down as applicable.

Common Carrier Benefit

For a Common Carrier Principal Sum equal to the core AD&D benefit, increase the core AD&D rate by 7%.

Exposure and Disappearance

Increase the core AD&D rate by 1%.

Seat Belt Benefit

For an extra benefit of 10% of Principal Sum, increase the core AD&D rate by 1%.

Seat Belt and Air Bag Benefit

For an extra benefit of 10% of Principal Sum, increase the core AD&D rate by 1.25%.

Anti-Inflation Benefit

Increase core AD or AD&D rate by the Benefit Percentage (the amount the Principal Sum will increase each year.)

Repatriation Benefit

\$0.055 for \$10,000 Benefit Amount.

Felonious Benefit

Increase core AD or AD&D rate by 1.5% for each Benefit Percentage of 10% of Principal Sum.

Child Education Benefit

Increase core AD rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Day Care Benefit

Increase core AD rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Rehabilitation Benefit

Increase core AD&D rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Spouse Education Benefit

Increase core AD rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Adaptive Home and Vehicle Benefit

Increase core AD&D rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Coma Benefit

Increase core AD&D rate by 1% for 5% per month of Maximum Benefit Amount.

Critical Burn Benefit

Increase core AD&D rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Therapeutic Counseling Benefit

Increase core AD&D rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Accident Hospital Income Benefit

\$1.245 per \$100 Daily Benefit with 3 day Waiting Period and 3 month Payment Period.

Intensive Care Unit Benefit

\$0.124 per \$100 per day Benefit Amount with Maximum Benefit Period of 30 days.

Outpatient Care Benefit

\$1.316 per \$100 of Benefit Amount.

Recuperation Benefit

\$1.245 per \$100 per day Benefit Amount with Maximum Benefit Period of 30 days.

Continuation of Medical Coverage (COBRA) Benefit

Increase core AD&D rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Extended Dependents Coverage Benefit

Increase core AD rate by 1%.

Extended Care Facility Benefit

Increase core AD&D rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Common Disaster Benefit

Increase core AD rate by 1% for every 10% that the spouse's Principal Sum would increase.

Survivor Income Benefit

Increase core AD rate by 1% for each Benefit Percentage of 1% of Principal Sum for each 12 months of Payment Period.

HIV Occupational Accident Benefit

Increase core AD&D rate by 0.5% for each Benefit Amount equal to 1% of Principal Sum.

Dependent Child Dismemberment Benefit

Double the Accidental Dismemberment load applicable to Dependent Children.

Funeral Expense Benefit

\$0.019 per \$1,000 of Benefit Amount.

Permanent Total Disability Benefit

For a Weekly Benefit Amount equal to 1% of Principal Sum, with a two-week Qualification Period and 52 week Payment Period, increase core AD&D rate by 10%.

Traumatic Brain Injury Benefit

Increase core AD&D rate by 2%.

Bereavement Counseling Benefit

Increase core AD&D rate by 1% for each Benefit Percentage of 1% of Principal Sum.

Accident Total Disability Benefit

For each Monthly Benefit Amount of \$100, with a one month Waiting Period and 6 month Payment Period, increase core AD&D rate by 72.5%.

Paralysis Benefit

Use Accidental Dismemberment Schedule above to calculate load based on Benefit Amounts.

<i>SERFF Tracking Number:</i>	<i>PLIS-126379140</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>44188</i>
<i>Company Tracking Number:</i>	<i>AH-45001-AR</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Indiv. AD&D</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	12/01/2009
Comments:		
Attachment: readability-AR.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	12/01/2009
Comments: Application attached to Form Schedule tab.		

	Item Status:	Status
		Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	12/01/2009
Comments: Outline of Coverage attached to Form Schedule tab.		

	Item Status:	Status
		Date:
Satisfied - Item: Cover Letter	Approved-Closed	12/01/2009
Comments:		
Attachment: cover letter 11-23-09.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: List of Forms	Approved-Closed	12/01/2009
Comments:		
Attachment: list of forms-AR.pdf		

<i>SERFF Tracking Number:</i>	<i>PLIS-126379140</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>44188</i>
<i>Company Tracking Number:</i>	<i>AH-45001-AR</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Indiv. AD&D</i>		
<i>Project Name/Number:</i>	<i>/</i>		

		Item Status:	Status
			Date:
Satisfied - Item:	Explanation of Variables	Approved-Closed	12/01/2009
Comments:			
Attachment:			
	explanation of variables-AR.pdf		

		Item Status:	Status
			Date:
Satisfied - Item:	Authorization	Approved-Closed	12/01/2009
Comments:			
Attachment:			
	SILC authorization 11-13-09.pdf		

Starr Indemnity & Liability Company
Individual Accident-Only Insurance
Policy Form AH-45001-AR et al.

READABILITY CERTIFICATION

The above captioned policy forms have been Flesch scored. The following items were deleted before the scoring was done:

- (1) the name and address of the insurer;
- (2) the name, number and title of the policy;
- (3) the table of contents;
- (4) captions and subcaptions;
- (5) specification pages, schedules and tables; and
- (6) words that are defined in the policy forms.

The Flesch score attained was 45.8 and therefore exceeds the minimum Readability score.

A handwritten signature in black ink, appearing to read "J. M. Plisky". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

John M. Plisky
Consultant

November 23, 2009

617 UNION AVENUE, UNIT 1-21 ♦ BRIELLE, NJ 08730 ♦ PHONE: (732) 223-0770 ♦ FAX: (732) 223-1776

November 23, 2009

Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

Re: Starr Indemnity & Liability Company
 NAIC#: 38318 FEIN: 75-1670124
 H02I.000 Individual Health – Accident Only
 Policy Forms: AH-45001- AR Policy
 AH-45003- AR Application
 AH-45015- AR Outline of Coverage

Dear Commissioner:

New Submission. This is a new submission. These individual policy forms provide Accidental Death and Dismemberment (AD&D) and related ancillary benefits. These policy forms are new and do not replace any of the Company's forms currently on file with your office. Marketing will be through licensed agents and brokers.

Variable Material. Variable material is shown in brackets. An *Explanation of Variable Material* has been included which explains how material in brackets is to be utilized.

Flesch Test. A *Readability Certification* is attached indicating that these forms meet your state's minimum requirements.

Filing Authority. This filing is being made by Plisky Plisky & Co. LLC on behalf of the Company. A letter of filing authorization is attached.

Sincerely,

A handwritten signature in black ink, appearing to read "J. M. Plisky". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

John M. Plisky
Consultant

Starr Indemnity & Liability Company
Individual Accident-Only Insurance

LIST OF FORMS

Policy	AH-45001-AR
Application	AH-45003-AR
Outline of Coverage	AH-45015-AR

Starr Indemnity & Liability Company
Policy Form AH-45001-AR et al.

EXPLANATION OF VARIABLE MATERIAL

This is a supplement to the submission and provides an explanation as to the use of variable material. Variable material is signified by brackets throughout the forms and allows them to be tailored to the actual plan being offered by the Company.

POLICY

Face Page

The Administrative Office address is bracketed for convenience in case it is moved (with proper written notification to policyholders and your office.)

References to dependents will be included as shown if the Company makes dependent coverage available, otherwise they will be omitted.

The range of possible ages when coverage terminates is shown within the brackets.

Section 1: Schedule of Insurance

The Insured's Name, Issue Age, Address, Policy Number and Policy Effective Date are all self-explanatory.

One selection from Type of Coverage will be included and one age from the range of bracketed Policy Age Limits will be included.

References to dependents will be included as shown if the Company makes dependent coverage available, otherwise they will be omitted.

Each benefit will be included as shown or omitted entirely depending on the plan of benefits being offered. Bracketed phrases will be included as shown or omitted. The actual ranges of benefit amounts are as shown.

Section 2: Definitions

Each bracketed definition will be included if referenced within the plan being offered, otherwise they will be omitted entirely. Bracketed phrases will be included as shown or omitted.

References to dependents will be included as shown if the Company makes dependent coverage available, otherwise they will be omitted. Any numerical ranges shown are the actual range of possible choices to be used.

Section 3: Effective and Termination Dates

References to dependents will be included as shown if the Company makes dependent coverage available, otherwise they will be omitted. Any numerical ranges shown are the actual range of possible choices to be used.

Section 4: Premiums

No bracketed items.

Section 5: Benefits

Each benefit will be included as shown or omitted entirely depending on the plan of benefits being offered. Bracketed phrases will be included as shown or omitted. The actual ranges of benefit amounts are as shown. References to dependents will be included as shown if the Company makes dependent coverage available, otherwise they will be omitted.

Section 6: Exclusions

References to dependents will be included as shown if the Company makes dependent coverage available, otherwise they will be omitted.

Section 7: Claim Provisions

References to dependents will be included as shown if the Company makes dependent coverage available, otherwise they will be omitted. Bracketed phrases will be included as shown or omitted.

Section 8: General Provisions

No bracketed items.

APPLICATION

The Administrative Office address is bracketed for convenience in case it is moved (with proper written notification to policyholders and your office.)

Dependent Information

The Dependent Information block will be included as shown if the Company makes dependent coverage available, otherwise it will be omitted.

Benefits

Each bracketed Accidental Death or Accidental Death & Dismemberment Benefit will be included as shown or omitted depending on the plan of benefits being offered. Bracketed phrases will be included as shown or omitted. The range of benefit amount choices will be within the range of benefit amounts shown in Section 1: Schedule of Insurance in the Policy. Additional Benefits, when offered, will be included with the range of benefit amount choices within the range of benefit amounts shown in Section 1: Schedule of Insurance in the Policy.

OUTLINE OF COVERAGE

The Administrative Office address is bracketed for convenience in case it is moved (with proper written notification to policyholders and your office.)

Benefits

This section will match Section 1: Schedule of Insurance in the Policy. Each benefit will be included as shown or omitted depending on the plan of benefits being offered. Bracketed phrases will be included as shown or omitted. The actual ranges of benefit amounts are as shown.

Exclusions

References to dependents will be included as shown if the Company makes dependent coverage available, otherwise they will be omitted.

Coverage Terminates

The range of possible ages when coverage terminates is shown within the brackets.



Starr Indemnity & Liability Company

399 Park Avenue, 8th Floor,
New York, NY 10022

November 13, 2009

NAIC Company Code: 38318

Re: See Attached Forms Listing

Please accept this letter as authorization from Starr Indemnity & Liability Company (the "Company") for John M. Plisky and John C. Plisky, FSA of Plisky Plisky & Co. LLC of Brielle, New Jersey to file any or all policy forms and rate filings as referenced on the attached form listing on behalf of the Company.

Sincerely,

A handwritten signature in blue ink, reading "Honora M. Keane", is written over a horizontal line.

Honora M. Keane
General Counsel